



October 10, 2006

CHAIRPERSON
Beverly K. Abbott

EXECUTIVE OFFICER
Ann Ameill-Py, PhD

Darrell Steinberg, Chairperson
Mental Health Services Oversight and
Accountability Commission
1600 9th Street
Sacramento, CA 95814

Dear Mr. Steinberg:

The California Mental Health Planning Council appreciates the opportunity to submit its comments on the Mental Health Services Oversight and Accountability Commission's (MHSOAC) Prevention and Early Intervention Committee Proposal. We have reviewed both of the Decision Points for the MHSOAC and have the following recommendations:

Decision Point: Prevention Interventions

We believe that Option One, emphasizing priority for demonstrated promising prevention interventions to prevent the initial onset of a mental disorder as well as to provide early intervention (e.g. "first break"), is the best option. This option clearly limits funding priority to interventions focused on the Institute of Medicine prevention spectrum related to prevention and early intervention. Selection of Option Two would move funding into the realm of treatment programs that can also be funded through Community Services and Supports (CSS) and would not result in the most focused use of Prevention and Early Intervention (PEI) funds.

Decision Point: Prioritizing PEI Efforts by Age

The Planning Council fully supports the MHSOAC's goal of prioritizing the use of the PEI funds so that they have the greatest effect on reducing the onset of mental disorders. We believe that the best approach to accomplishing this prioritization is through Option 2: Counties shall focus prevention and intervention strategies across all ages.

We believe that the PEI requirements should be developed and presented to counties in the same way that the CSS requirements were—with specific targeted interventions from which to choose. We anticipate that specific statewide strategies will be recommended, such as suicide prevention and anti-stigma and anti-discrimination campaigns. These strategies will help all clients across the target population life span. We also understand that health-based strategies, such as primary care integration, and school-based strategies are also being considered. These interventions can be recommended in the PEI requirements with the instruction to counties to target them to their target populations at greatest risk. In this way, they may even be able to use some of the analysis and stakeholder input

that they developed during the CSS planning. If that information was not relevant, they can perform additional work for PEI implementation. Counties can also be instructed that they have the alternative to deviate from the recommended interventions if they can justify it for their county. We believe that this county-by-county analysis of target population by intervention will result in the most effective use of PEI funds on a statewide basis.

Education and Training Recommendations

Our Human Resources Committee reviewed the proposal and has some recommendations to better integrate the PEI implementation with the Education and Training component of the Act. Capacity studies are mentioned in several areas throughout the MHSOAC paper. The Planning Council strongly recommends that any assessment of staffing and service capacity be included in the needs assessment currently being implemented for education and training. It must be integrated with the needs assessment for the CSS component. Moreover, we strongly believe that conducting a capacity assessment on one segment of the public mental health workforce or duplicating the efforts of other statewide assessments is not the best use of the limited funds provided in the MHSA.

PEI offers a unique opportunity to develop certain occupations. For example, the role of psychiatric nursing in the public mental health system from a community mental health perspective can be expanded. Nursing provides for an integrative approach to engaging individuals in both a primary care and behavioral health prevention practices.

We also believe that PEI offers a unique opportunity to expand the employment of consumers and family members. Consumers and family members will have a vital role in expanding outreach as mentors and providers. Consumers and family members are uniquely connected to individuals and communities and are able to identify early warning signs. Pilot projects could be run statewide using consumer and family members as outreach workers in underserved ethnic and linguistically diverse communities. Training consumers and family members, especially those from diverse cultural and linguistic communities, on PEI service implementation should be a critical component to any county plan.

Thank you for this opportunity to comment on the MHSOAC's recommendations. If you have any questions, please contact Ann Arneill-Py, PhD, the Planning Council's Executive Officer, at (916) 445-1198 or by email at Ann.Arneill-Py@dmh.ca.gov.

Sincerely,

Beverly Abbott
Chairperson

cc: Stephen W. Mayberg, PhD
Mary Hayashi
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